

Mr. Chairman and Members of the Commission

On behalf of the National Association of Government Employees at the Butler VA Medical Center, we are pleased to be able to express our concerns on the CARES Market Plan for the Butler VA Medical Center.

The employees of Butler VA Medical Center have been dedicated to serving our veterans with top quality care. By the end of this year, we will have served more then 19,000 veterans.

CARES has recommended that the Butler CA send their acute patients to Pittsburgh Health Care Systems. This is one of our concerns. It is our opinion that our veterans will continue to come to our facility at 3:00 in the morning seeking care even though they will have been told to go to the nearest emergency room. Our aging veterans are set in their ways and some by habit, will continue to come. Our fear is that, what happens to the veterans after hours and in the middle of the night when there is no longer a Physician there to treat them. Valuable time that it takes to send the patient to a local facility could be the moments that could cost the patient his life. Can we send our patients to another facility? Yes, we can do that. This however, will increase our cost and decrease continuity of care for the veterans. In addition, a good percentage of admissions to our Acute Care come from within our NHCU. These frail, elderly patients, will have to move to another facility to receive there Acute Care services. The loss of Acute Care could affect the ability to take care of certain types of patients, i.e. ventilator patients.

The Butler VA is unique. It sits in a rural area with easy access from all areas from all areas and has a family atmosphere. We serve veterans from as far away as Ohio and as close as down the street from us. They live in small communities and villages and many do not have public transportation. If a veteran is lucky and has a family member or a neighbor, they may be able to get to the Butler VA. The reality is that our patients come to us not only for the excellent care that we give but also because of the easy access. We believe that if the Veterans and their families must drive to Pittsburgh that this will create a bigger hardship on them, having to deal with the traffic congestion and the lack of parking that many will simply choose NOT to go to Pittsburgh but rather do with out health care all together. I ask you, "How are we helping the veterans then?"

Although Butler is a small facility, we hold a valuable place in our community and with our veterans. We have strived to provide excellent care to veterans while at the same time using our enhanced agreements to bring in business to utilize our vacant space, increase our visibility, and work closely with our community.

Many of our employees have dedicated their careers to taking care of our veterans. Moving services from our facility will have a devastating effect on our employees. What will happen to their jobs? We have many single parents at Butler who depend on us for their livelihood. We are one of the top employers in Butler. Businesses around us are closing down. I ask you to remember that what happens to Butler VA will have a major effect on our community. Employment rates will go up as more businesses go under.

If however, you choose to take our acute bed and move them to Pittsburgh Health care Systems we would like to suggest that Butler VA be able to continue being a viable Health Care Facility and are able to expand in the other areas of care that we provide.

We Currently provide services in Long Term Care, Out Patient Primary Care, CBOC's, Domiciliary, Behavioral Health, and our CARF certified section. We would like to propose that since we do have plenty of space that we become the Rehab Center of the Western Hub and let us continue to provide the excellent care that our veterans have grown to expect from us.

Thank you for giving us the opportunity to express some of our concerns.

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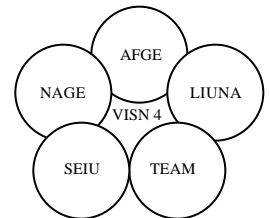
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Unified Union Partners



August 13, 2003

This document will be read by one of the invited union presidents on the 27th of August at the Cares Commission Hearings in Pittsburgh, PA.

On behalf of the union presidents (AFGE, LIUNA, SEIU, TEAM, NAGE) and bargaining unit members of VISN04, I would like to thank the members of the commission for providing this opportunity to present our views on CARES, (Capital Asset Realignment for Enhanced Services)

As you can imagine, we have attempted to follow the CARES process closely because of its significance to our patients and staff. We admit to being confused and at times dismayed by the complexity of the process and our perception that this has become less open and inclusive as it has progressed. Our perception that CARES was a synonym for BRAC has not been allayed by the tortuous course we have followed to this point.

Nor do we understand the use of the term "Enhanced Care" in this context. Both the union and Webster/Dictionary agree that to enhance care would be to improve the quality of care. We see nothing in this process that will improve the quality of care that our patients receive.

We, the union, have been consistently skeptical of this operation since its inception. We privately hoped the less jaundiced view of some managers was correct in their appraisal that CARES was a long overdue attempt to look at outdated facilities which can be more expensive to renovate than to raze and rebuild.

The average life of a hospital building is said to be 25 years. Many of ours are 50 or more. An unwillingness by Congress to spend money on construction has left us with dinosaurs, some of which are too big and expensive to maintain. The criticism that the VA has excess space and excessive maintenance costs is not accurate when you consider that some of this space can be utilized in a variety of venues.

None of us would object to having the most modern, patient friendly and energy efficient facilities possible, but none of us will hold our breath waiting for recommendation and approval of those projects. Absolutely, no VA hospital should close without the recommendation follow through and the project has been approved and completed. History will not absolve any of us if we close hospitals and further ration care during time of war as we legislate billions of dollars in tax breaks to people that already possess great wealth.

Even though this administration may not have caused decades of budgetary neglect that has brought us to this point, they need to act responsibly and address the problem. Closing VAs is not an effective answer. We are very concerned that an ideology that views government as an oppressive burden rather than a reservoir of service coupled with a perceived antipathy to collective bargaining rights for federal employees will further threaten the future of VA healthcare.

The loss of behavioral health beds has already imperiled many veterans with mental health needs. 42% of our patient population has psychiatric as well as medical diagnoses. 250,000 homeless veterans should have access to VA drug and alcohol detox and treatment as well as psychiatric and medical care. Reduction in mental health beds has occurred in the private sector as well resulting in jails and prisons as major provider of mental healthcare. We should be restoring behavioral health beds, not closing behavioral health hospitals.

In light of the projected increase in the need for long term care beds, we urge the commission to plan for that capacity and seriously consider possible conversion of underused facilities for that purpose.

There is no doubt that the small facilities are at risk despite the important role they play in providing overflow beds when Hubs are full as well as the convenience to patients and loved ones.

We ask, what impact closing VA facilities will have on the small cities and towns in which they are located? Instead of a valued employer and provider of healthcare, will they be seen as boarded up eyesores and purveyors of despair.

The CARES program appears to have a myopic vision and it needs to have a broader more encompassing vision that incorporates the veteran needs. As I said before we need to deal with our 42% patient population that has psychiatric illnesses.

To send our people off to fight in war as we prepare to close VA hospitals challenges our sense of reality and decency.

CBOCs are performing a vital mission but are not substitutes for a VA hospital. They are dependent on the VA hospitals because their mission is limited.

How will facility consolidation and closing affect veterans waiting months to be seen? According to the Presidential Task Force on Veterans Healthcare, as of January 2003, over 236,000 veterans were waiting more than 6 months for an appointment.

We hear Senator Hatch, Chairman of the Senate Judiciary Committee; tell the judicial nominees that public service is a noble calling. We agree and none is more honorable and rewarding than caring for veterans.

We are committed to realizing a VA that provides accelerated access to veterans, one that has access to and includes a record of military service for each veteran and any resulting condition or complication. We envision a system fully funded to provide the full range of services veterans need and one that is staffed by employees in a veteran centered system conducive to employee recruitment and retention in a positive patient care environment.

In conclusion let us not forget that our active service people have put their lives on the line, they did so in the past and are doing so in the present. They shouldn't have to put their health and lives on the line again when they are veterans. They should have a sense of safety that their healthcare and overall welfare is assured by the veteran affairs administration; that service will be there, intact for those who served America.

UNIFIED UNION PRESIDENTS,

CURTIS M. JACKSON
Chairperson, UUP

AUG-26-2003 12:12

CARES Commission ,

*Employee Panel
Pittsburgh*

P.03

Hi, I'm Kathy Moorhead I represent Service Employees International Union/Local 200 UNITED members at the Erie VAMC. I would like to thank the commission for giving me this opportunity to speak on the impact on our veterans of the proposed closing of the inpatient surgery at our facility.

As a long time employee myself, I want to relay to everyone here of the true commitment I have witnessed for many years by my fellow employees in providing quality health care close to the homes of our veterans.

We serve veterans in the following counties: Erie, Crawford, Elk, Forest, Venango, McKean, Warren in Pa. and also Ashtabula, OH and Chautauqua, N.Y. We have 10% market share, and expect to maintain over a 35% market share in 2012 and 2022. There are approximately 79,000 veterans in the nine counties that we serve. We will see over 19,000 unique veterans by the end of the fiscal year.

We at Erie want to maintain the integrity of our acute care component to include inpatient surgery. The use of local health care providers for the delivery of urology services and soon to be orthopedic services, provides veterans access to high quality health care in their local community, it increases continuity of care since the providers come to the Erie VA to provide this care, it decreases the chance for a delay in the delivery of care; it eliminates the variable of traveling for the care for the most part, and it increases veterans and family satisfaction. The competency of these local providers is demonstrated by their quality and outcomes data and by their volume.

Imagine this, the veteran sees his physician here in Erie; for a number of years; about his knees, hips and any other ongoing health problems. His physician determines that his patient would benefit by having surgery. Erie will no longer has a surgical unit, so our patient will be sent to Pittsburgh for his complex, but very common health issue. Transportation is provided for the veteran by the DAV for this medical necessity, his family member could accompany him ONLY if there is enough room. If the DAV could not provide the transportation, then it would be an additional cost to the Erie VA to transport this patient. It is stressful enough to the veteran not to have his family support with him and also to have another physician whom he is unfamiliar with, perform his major surgery would be devastating.

Many of our veteran patients are elderly and unable to travel long distances not to mention the dangerous and unpredictable driving conditions from November to April. They need their support systems during a health crisis or incident. Taking services away will not promote quality care; it may in fact delay the healing process. If a patient had a significant heart attack, he would not be able to make that 2-hour trip to Pittsburgh and then again would the weather prevent him from doing so?

Recently we had a veteran who was in need of radiation therapy, he had no other insurance and Medicare does not pay 100% for this treatment. This treatment was to last 6 weeks; the veteran would be transported down to Pittsburgh every Monday and return to Erie on Friday. After 2 weeks he could not stand being away from his family, so he stopped his treatment. How many other veterans are going to elect to NOT have their treatments or delay them rather than be away from their family. This is a hardship that should not have to be endured by our veterans.

Talk to the veteran that has to get up at 3 A.M. to get on the VA van for Pittsburgh to go to a Dr.'s appointment. Having your gall bladder out at Erie VA is the same as having it out in Pittsburgh.

We have the capability, equipment and knowledge to do a number of major cases, we have trained people to perform some of the complex procedures here and it is working, to abandon that makes no sense. To dismantle it seems like such a terrible waste. It would be another thing if we asked you to build us an OR that we did not have and you said no, we would understand that.

If they dismantle ^{our} surgical capacity then things that are of an emergent nature we have to send them out to local hospitals. How many times can we do that before the financial interest is outweighed by the benefit?

We only see this proposal as a benefit for the VA, not a benefit of the veteran.

Kathy Moorhead